



MEDICATION ERROR REPORT

Date and Time of Error

Name of School

Name of Student

Birth Date

Name and Position of Person Administering Medication

Prescribed Medication / Dosage / Route / Time

Describe error and circumstances leading to error:

Describe action taken:

Persons notified of error:

	Name	Date	Time
Principal			
Parent			
Healthcare Practitioner			
School Health Coordinator			
Phone:			
Other			

Signature (person completing report)

Date Completed

Follow-up information if applicable (to be completed by School Health Coordinator):

Original: School Health Coordinator
Copy: Principal